

column® treatment of moderate severe UC and CD patients is associated with cost offsets for surgery, hospitalizations, outpatient care and drugs and an increase of QALYs. The cost-effectiveness ratios remain within the acceptable range for treatments to be recommended for use in Sweden.

## PGI9

#### **COST-EFFECTIVENESS OF ESOMEPRAZOLE VERSUS GENERIC OMEPRAZOLE IN THE ACUTE TREATMENT OF REFLUX ESOPHAGITIS IN SWEDEN**

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**OBJECTIVES:** To assess cost-effectiveness of esomeprazole 40mg (SEK 14.68 / tablet; EUR 1 = SEK 9.27, June 15, 2005) once daily (od) versus omeprazole 20mg od at the lowest available generic drug price (SEK 4.32 / tablet) in the acute treatment of reflux esophagitis (RE) in Sweden. **METHODS:** A decision analysis model was used considering pooled effectiveness data from comparative clinical studies and patient management assumptions based on expert opinions. Results were analysed using an 8-week time horizon and reported separately including work productivity costs or direct medical costs (drugs, physician contacts, investigations) only. Utility values associated with having healed RE (0.84) or unhealed RE (0.69) were derived from a study using the rating scale method in patients with gastro-esophageal reflux disease (GERD). Estimates of GERD-related work productivity loss (absence from work and reduced productivity while at work) were derived from observed differences in productivity before and after treatment in another study. A probabilistic sensitivity analysis (PSA) on direct medical costs was used to assess robustness of results, along with additional analyses extending the time horizon beyond 8 weeks. An acceptable threshold of SEK 500,000 per quality-adjusted life year (QALY) gained was used in the PSA. **RESULTS:** When including direct medical costs only, the analysis resulted in mean additional costs of around SEK 200,000 per QALY gained by using the more effective acid inhibitory treatment strategy (esomeprazole). The PSA on the probability of esomeprazole treatment being below a SEK 500,000 per QALY gained threshold supported robustness of a conclusion that esomeprazole treatment is cost-effective. When work productivity costs were included, results indicated that the esomeprazole strategy is cost-neutral. Extending the time horizon resulted in further cost-effectiveness advantages for esomeprazole. **CONCLUSION:** Esomeprazole 40mg od is cost-effective compared with generic omeprazole 20mg od in the acute treatment of reflux esophagitis in Sweden.

## PGI10

#### **COST EFFECTIVENESS OF PROTON PUMP INHIBITOR TRIPLE THERAPY REGIMENS FOR HELICOBACTER PYLORI ERADICATION IN THE PRIMARY CARE SETTING IN IRELAND**

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**OBJECTIVES:** To determine the relative cost effectiveness of proton pump inhibitor (PPI) based triple therapy regimens for the eradication of *Helicobacter pylori* (*H. pylori*) in the primary care setting in Ireland. **METHODS:** Using decision tree analysis the expected cost for each *H. pylori* eradication strategy was determined from the cost of each treatment option multiplied by the probability of that option occurring. Only direct costs relating to the primary care setting such as GP consultation and medication costs, extracted from the Monthly Index of Medical Specialties 2003, were included. Probabilities were obtained

using the GMS prescribing database where all patients who received amoxycillin, clarithromycin and a PPI in the ERHA region in 2002 were followed for one year. A broad range of clinical and cost inputs was investigated by sensitivity analysis. **RESULTS:** The main outcome measure was the cost per asymptomatic patient for each therapeutic strategy. Depending on the regimen adopted, 40.8% to 46.1% of patients did not require any further medication in the year following *H. pylori* eradication treatment. The strategy of rabeprazole, amoxycillin and clarithromycin was the most cost effective option with a cost of €466 per asymptomatic patient. Two way sensitivity analysis indicated that the cost of rabeprazole triple therapy and the duration of rabeprazole maintenance therapy would each have to increase by 30% before this strategy ceased to be the most cost effective option. **CONCLUSION:** This study indicates that the triple therapy regimen of rabeprazole, amoxycillin and clarithromycin is the most cost effective of the therapeutic strategies examined for the treatment of *H. pylori* infection in the community setting in Ireland.

## PGI11

#### **IBD: INDIRECT COSTS OF ILLNESS AND QUALITY OF LIFE IN GERMANY**

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**OBJECTIVE:** To determine the differences in indirect costs and quality of life between persons affected by Crohn's Disease (CD) and those affected by Ulcerative Colitis (UC) as part of a cost of IBD study in Germany. **METHODS:** Members of the German Inflammatory Bowel Disease (IBD) Association (DCCV) were recruited by post to prospectively document their IBD-associated costs (sick leave, disability pensions, and medical resource use) in a cost diary over 4 weeks. General demographic information and IBD history were also reported. Health-Related Quality of Life (hrQoL) was determined using the EuroQol EQ5-D. Indirect costs were calculated according to national sources using the human capital approach. **RESULTS:** Cost diaries were returned by 483 persons (CD: 241; UC: 242) whose mean age was 42 years and average disease duration 13 years. Productivity losses were reported by CD (14%) and UC (15%) subjects and average sick leave was similar (CD: 1.2 days; UC: 1.5 days). However, more CD (19%) than UC (7%) patients received a disability pension. The mean 4-week indirect costs for CD were €266 (95%CI: 100, 433) higher than for UC ( $p < 0.002$ ). The mean hrQoL of CD subjects according to EuroQol VAS scores was 5 points lower (95%CI: -8.3, -1.7) than for UC subjects ( $p < 0.004$ ). **CONCLUSIONS:** In Germany, indirect costs of CD are significantly higher than those of UC and hrQoL of CD patients is significantly lower than of UC patients. For CD, factors decreasing occupational disability would decrease costs and since hrQoL is also determined by the ability to work productively, may improve hrQoL. Factors affecting indirect costs, which account for a large part of the costs of IBD, can have a large impact on the overall costs. Furthermore, these findings indicate that determinants of costs must be searched for and evaluated separately for each disease.

## PGI12

#### **THE COSTS OF ACUTE-ON-CHRONIC LIVER FAILURE—A BOTTOM-UP ANALYSIS BASED ON INDIVIDUAL PATIENT DATA**

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